



**PATIENT**

Charlie Bazarian

**SPECIES**

Canine

**BREED**

Mix

**SEX**

Male Neutered

**AGE**

12 years

**WEIGHT**

79lbs

**INTERPRETED BY**

Maggie Machen  
Lamy, DVM  
DACVIM (Cardiology)

**IMAGING PERFORMED BY**

Pamela Harrigan,  
RDCS

**HOSPITAL NAME**

Falmouth Animal  
Hospital

**REFERRING VET**

Dr. Sakmar

**INVOICE**

25924

**DATE**

8/22/22

**PRESENTING CLINICAL SIGNS**

History: Recheck echo. History mild global LV systolic dysfunction with improvement on subsequent studies. Mild valvular disease. History profound respiratory sinus arrhythmia, occasional escape foci, isolated VPCs. Currently, doing well at home. No medications. Echocardiogram prior to anesthesia for dental procedure.  
-Pertinent previous echo findings (11/28/21 Maggie Machen Lamy, DVM, DACVIM-Cardiology): LA 3.2 cm, LA:Ao 1.2, LV 4.8 cm, normal LA size, trace- mild MR, mild TR (2.6 m/s). \* Sedated with Alfaxalone for study

**ECHOCARDIOGRAM FINDINGS**

2D, m-mode, color flow and Doppler imaging is available.

**Left ventricle:** The LV diameter is normal with adequate myocardial function. LV wall thicknesses are normal.

**Left atrium:** The left atrium is normal.

**Mitral valve:** The mitral valve is mildly thickened with mild to moderate eccentric MR.

**Aortic valve/Aorta:** The aortic valve is normal with normal mobility. Normal aortic outflow velocity; laminar flow. No aortic insufficiency.

**Right ventricle:** Normal right ventricular diameter and morphology indicating no overt evidence of pulmonary arterial hypertension.

**Right atrium:** Normal RA dimension.

**Tricuspid valve:** The tricuspid valve appears mildly thickened with mild tricuspid regurgitation. Normal velocity.

**Pulmonic valve/Pulmonary artery:** The pulmonic valve is normal in morphology and mobility. No pulmonic insufficiency. Normal RVOT velocity; laminar flow.

**Pericardium/other:** No pericardial or pleural effusion noted. No obvious cardiac masses.

**Heart rhythm:** ECG reveals a sinus rhythm with an average HR of 80bpm.

**2-Dimensional Measurements**

Ao diam (cm)	3.2
LA diam (cm)	2.6
LA:Ao (Swe)	1.3
IVS thickness (cm)	1.1
LVID diastole (cm)	4.9
PW thickness (cm)	1.2
LVID systole (cm)	3.5
FS (%)	28

**Doppler Measurements**

PV Vmax (m/s)	0.6
AoV Vmax (m/s)	1.1
MR Vmax (m/s)	4.6
TR Vmax (m/s)	2.0
TR PG (mmHg)	16

**INTERPRETATION OF THE FINDINGS**

Compared to the prior study, the only difference is quantitatively increased mitral regurgitation. Despite a more significant leak, the left heart dimensions are unchanged, and function is adequate. TR is similar to previous with no obvious progression identified. No additional issues are identified.

Given these findings, no medications remain indicated. The resting heart rate remains low; however, no VPCs or additional issues are identified at this time. Consider an extended tracing prior to anesthesia.

Prognosis is open long-term.



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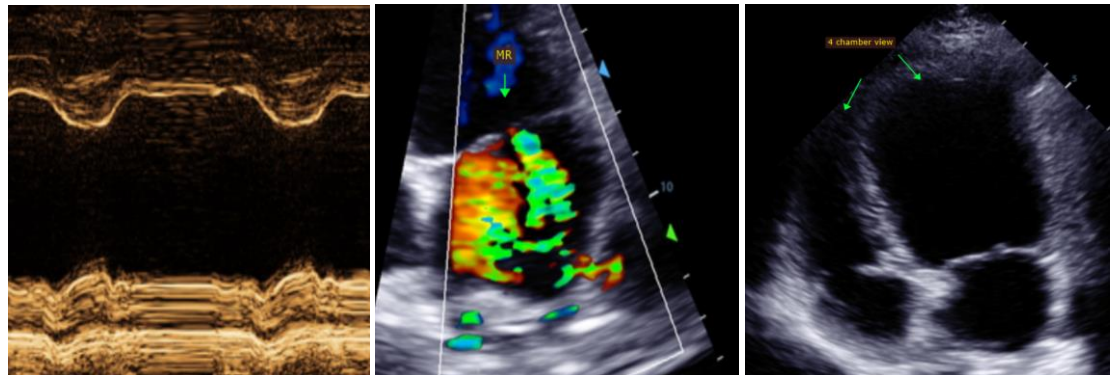
**RECOMMENDATIONS**

- No medications are indicated.
- Continue fish oil supplementation as previously recommended.
- Consider extended ECG prior to anesthesia due to historical VPCs.
- Anesthetic risk remains moderately elevated due to this history of VPCs. Avoid ketamine, telazol, Dexdomitor (or other alpha-2 agonists) and acepromazine. Cardiac protective drug choices (opioid/benzodiazepine premedication, propofol or alfaxalone induction, isoflurane gas) are recommended. Consider pre-medicate with a low dose of a vagolytic due to presumably high vagal tone. Recommend having lidocaine CRI available for use in the event of worsening ventricular arrhythmias under anesthesia (CRI 50–75mcg/kg/min).
- Monitor at home for collapse, exercise intolerance, and/or lethargy.

**PLAN**

Recommend recheck echocardiogram annually, sooner if a significant murmur or signs of cardiac compromise are noted in the interim.

**IMAGES**



The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

Thank you for this referral. This report was generated using transcription software, and minor dictation errors may be present. If the clinical or image interpretation does not parallel your findings or if I can be of any further assistance, please contact me.

Maggie Machen Lamy, DVM  
 Diplomat of the American College of Veterinary Internal Medicine (Cardiology)  
 info@sonopath.com